



NEWSLETTER  
SEPTEMBER, 1982.

### THE PRESIDENT'S COLUMN

#### Where have all the children gone?

It is sad that more publicity has been given to the reported oversupply of dentists in Australia than to the dental needs and problems in our community.

What is happening to the primary school children entering secondary school after years of treatment provided by School Dental Services?

The Australian Dental Association has been successful in its efforts to persuade the Federal Government to look at the question of dental manpower, in particular the acceptance of overseas dentists, which has since the late 70's provided an apparent oversupply of manpower in Australia.

Currently in Western Australia the School Dental Service, in agreement with the W.A. Branch of the A.D.A., issues a notice to parents indicating the need for children to have a dental check-up within twelve months of leaving primary school and some dentists on receipt of a child's notification provide a check-up and preventive services free of charge. The effectiveness of this indirect referral system has not been evaluated as yet. However this is a good start though I think we need more than a notification to motivate parents to send their children to private practice.

The cost of a public relations

programme mounted through the media need not be exorbitant. It was clearly demonstrated during the 23rd Dental Congress in Perth that for a cost of approximately \$2,000 the publicity received was in the order of \$10,000 of prime newspaper print alone. The profession was delighted with the public's response to Congress Week and the feedback continued for weeks after the event. Another example of a success story is the plaque toothpaste advertisements. Most children watch television and the message has been passed on.

The profession has had difficulty attracting children to private practice before the advent of School Dental Services - so what is new! Nevertheless, we have a responsibility to make the public aware of the need to seek regular dental care.

Where have the children gone? We know, the plain truth of the matter is that we're now in a competitive situation. It is no use blaming this or that, we have to work at attracting children to private practice, especially in the present economic climate.

Utilising professional public relations programmes in a dignified manner would be most beneficial for the community and our profession. After all, is this not our professional responsibility to promote dental health? Let's do something about it soon.

Des Kailis

## FEDERAL SECRETARY'S REPORT

### Membership

1. Since the last Newsletter there has been a further increase in the membership; the total now stands at 201. It is interesting that our members include a good cross section of private practitioners, - general and specialist, University and Hospital and Health Dept. staff.

2. Recently we lodged a full list of members with the Federal for inclusion in the DIRECTORY. It is important for Branch Secretaries to ensure that all their members are full members of A.D.A. This is in accord with A.S.D.C. Constitution and is a basic element in the A.D.A.'s recognition as an Affiliated Society.

### Specialisation

The matter of recognition as a Specialist is still under discussion with and within the Federal Executive and Council of A.D.A.

### MELBOURNE 83

The Scientific and Social programmes are now finalised and REGISTRATION FORMS have been mailed to all members - IT IS NOW UP TO THE MEMBERS TO REGISTER and to ensure the success of what promises to be an outstanding event.

### Newsletter

1. At the General Meeting in Perth the Executive Editor presented his Report; two paragraphs are quoted here, "From the Journals"-The inclusion of "From the Journals" seems to have been appreciated. I wish to record my thanks to John Brown (Qld) who provided the first series of Extracts, until he had to relinquish the work through a commitment to the Journal of I.A.D.C., and to John Burrow (SA) who willingly agreed to carry on the work which John Brown had commenced. The membership generally will recognise our indebtedness to John Brown and John Burrow."

"The Diary" - In 1981 and 1982 a 'Diary' presenting the date and place of Meetings for all Branches has been prepared and circulated to all members. In 1983 this publication could be expanded to include the Titles of most Talks which are to be given, provided that the Branch Secretaries can supply the information before 1st of February, 1983, and if members think the additional information would be useful.

Some expression of opinion from members concerning the value of the Diary would be appreciated.

2. The Newsletter could also provide a Forum for expressing opinion and seeking views. If any member wishes to write he should communicate direct with -

The Executive Editor,  
c/o 288 Greenhill Road,  
Glenside. 5065. S.A.

John Brownbill

Editors Comment - a column for correspondence could be provided; naturally correspondents would be expected to keep their letters to a reasonable length, and the Editor would also retain the normal 'editorial prerogatives.

The closing date for the respective issues of the Newsletter is the 20th of February, May, August and November.

MELBOURNE 1983

9TH CONGRESS  
INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN  
Wentworth Hotel, Melbourne. February 21 - 24, 1983

HAVE YOU SENT IN YOUR REGISTRATION FORM ?

NOTES FROM THE BRANCHES

Victorian Branch

The fifth annual Convention Day, held June 25th on the topic of "Communication and the Developing Child" was voted a most successful event. Close on 70 members and guests were informed and entertained by experts in the communication and dental fields. Dr. Carl Parsons of the Lincoln Institute of Health Sciences commenced the programme with some pragmatic suggestions for communicating with the very young and communicatively impaired (handicapped) children.

Chris Perry and Maureen Ryan, psychologists from the Department of Child Studies, Victoria College presented a lecture - workshop investigating developmental stages, language acquisition and form, together with socialization and the role of parents through the formative years of child maturation.

The morning was completed by Diana Bartzias discussing 'Communication with Migrants - Whose got the Problem?'.

Mr. Tony Ryan, Health Commissioner for Victoria gave an entertaining luncheon address on Communication between Child and Parent: professional and client.

The afternoon session was commenced by Professor John Collins who presented recent research on adolescent growth, peer relation and sexuality as a basis for awareness of motivations of patients in their teen years.

Mr. Tony Scarff then gave a paper on communication and care for

orthodontic patients listing the situations that may arise through child dental and facial growth stages.

The programme was completed by Dr. Peter O'Connor, the author of 'Mirror on Marriage' and 'Understanding the Mid-Life Crisis' making some pertinent observations on the effect of day-to-day professional experiences of managing patients demonstrating emotions of anxiety, concern, anger etc., on the lives of dental operators.

The July meeting was attended by 54 members and guests. The after-dinner speaker was Dr. John Spencer, a community dentist from the University of Melbourne. 'Planning Dental Care Delivery' was the topic for the lecture, where some emphasis was given to the ad hoc procedures of the past, resulting in the present imbalance of the over-supply of dental services compared to the present demand for dental care. The solution to future problems may lie in the collection of adequate research information followed by the communication of the results thus permitting wider participation in future decision making.

The next meeting will be at University House on Thursday, September 30th when Dr. Alan Carmichael, a paediatrician, Royal Childrens' Hospital will address us on the topic of Infant and Family Health.

Gordon Hinricksen

### W.A. Branch

The first meeting of the branch since the Congress was held on Thursday August 26th. The date of the meeting was reorganised to coincide with the visit to Perth of Dr. Graham Craig. Graham had been brought to Perth by the Public Health Department Dental Health Services Division. This Department very kindly organised an evening lecture so that the profession in general could have the opportunity of hearing Graham speak on "The Atraumatic Treatment of Children's Dentitions".

The lecture covered the treatment of caries in the deciduous dentition using Silver Fluoride and also the use of Glass Ionomer Cements as Fissure Sealants, particularly in first permanent

molars. The depth of interest created was evident from the large number who attended and also from the discussion and question period that followed the lecture. A.S.D.C. Federal President, Des Kailis then thanked Graham, and this was enthusiastically endorsed by all in attendance.

The branch welcomes back Dr. Peter Gregory and his family. They have recently returned from a year in the United States. All members look forward to meeting again and also to hearing from Peter.

Alistair Devlin

### S.A. Branch

At our June meeting a small but vitally interested group of our members was addressed by Lloyd Sampson, Senior Lecturer in Pharmacology at the S.A. Institute of Technology.

Unfortunately, the writer of this S.A. Branch News missed the meeting but from all accounts, it proved to be extremely interesting and very beneficial. Mr. Sampson gave a Synopsis of the Pharmacology of drugs which may be relevant to dental practice.

Among the topics covered were:-

- the action of drugs
- the site of action
- the various methods of administration, including advantages and disadvantages of each method
- the timing of administration and the effect of not complying with the recommendations
- the possible influences on the final action of the drug
- drug interactions
- the importance of a full medical history.

The interest which was aroused by the speaker and the topic was such that the Branch Executive hope to repeat this presentation in a future Branch Seminar/Conference.

The August Meeting will be in the form of a clinical forum - with a slightly different approach from our normal meetings. The business part of the meeting will be held first - with the speakers, and then move into the dining room for a meal with a fairly early finish.

Only one of our members managed to travel to Victoria for their one day seminar. He enjoyed the meeting which he considered was very successful, and thought that his journey had been well worthwhile.

John Kibble

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has been assisted by  
Colgate Palmolive Pty. Ltd. ]

### Q'land Branch

The June meeting of the Society was addressed by Dr. N. Savage, from the University of Queensland Dental School. The subject of his paper was "Caries".

It is often very difficult for the dentist in Practice to seek out pertinent articles in the various dental journals, and Dr. Savage was able to bring together and discuss the various theories on the important subject. This enabled the members present to direct their analysis of relevant journals and texts in a logical fashion.

As has been the practice during the last few years, the August meeting was held over a week-end at a venue removed from Brisbane. The venue this year was "Surfair" International Hotel on the Queensland Sunshine Coast. Twenty-eight members and students attended the lectures given by Drs. Anne Symons and Richard Widmer. Dr. Symons is a Sydney Masters Graduate, now a

Lecturer at the Queensland Dental School, and Dr. Widmer is a Melbourne Masters Graduate, now Staff Specialist Paedodontist at the Westmead Centre, Parramatta, N.S.W.

As most of those attending the Seminar were Queensland Graduates, it was stimulating to hear the views of our interstate colleagues. These views were, on the whole, similar to those taught in Queensland, but on occasion lively discussion was engendered by opinions which were somewhat divergent. Certainly a great deal of discussion was generated by the lectures, and Drs. Symons and Widmer earned the members' appreciation for their contribution to a very successful weekend.

The United Services Club is the venue for our next meeting - the A.G.M. on Monday October 11th.

John Prentice

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### N.S.W. Branch

The Branch's last meeting was held on Tuesday 20th July. This day was notable for a violent rainstorm, so that only the staunchest of our members braved drowning to attend this meeting. Those who did were rewarded with a pleasant meal and were addressed by two members of the branch and this was thoroughly enjoyed by all.

The first contribution was given by Dr. Lorna Mitchell, who is in private practice, restricted to children only. Her topic was, "Easy treatment for the very young patient - an alternative to General Anaesthesia". The second speaker was Dr. Richard Widmer, who is with the Paedodontic Department at the Westmead Centre. Dr. Widmer's topic

was "Trauma to Deciduous and young Permanent Teeth".

Both speakers set out to generate discussion from the audience and this was successfully achieved. When the evening concluded the rainstorm had only partially subsided.

Our next meeting to be held on 21st September, at Sydney University, will be addressed by Dr. Graham Craig, from the Department of Preventive Dentistry, University of Sydney. His topic will be "The expanded role of Composite Resins and Glass Ionomer Cements in preventive dentistry for the young". This should prove a most interesting lecture.

Ross Toll

DECIDUOUS MOLAR PULPOTOMY

R. Widmer

(The summary of a paper presented at A.S.D.C. Meeting - Perth,  
May, 1982)

A retrospective clinical study was undertaken of primary molar pulpotomies, performed at the Children's Department of the Royal Dental Hospital of Melbourne to investigate -

1. the effect of certain broadly based biological and therapeutic variables on success or failure of primary molar pulpal therapy, and
2. the prevalence of possible consequences of therapy, such as early root resorption and exfoliation and pathology of succedaneous teeth.

The sample comprised 100 females and 84 males ranging in age from three to 11 years. In total there were 184 vital or non-vital teeth on which a pulpotomy had been performed. The material consisted of 60 upper first deciduous molars, 46 upper second primary molars, 38 lower first primary molars and 40 lower second primary molars.

Criteria for estimating the clinical-radiographic failure of therapy were determined as the presence of one or more of the following -

1. pain, or fistulae,
2. internal root resorption or interradicular bone destruction, and
3. definite history of extraction with no known orthodontic purpose.

Criteria were also developed for evaluating the extent of the carious lesion prior to pulpotomy and the radiographic length of the primary tooth root.

In estimating success of therapy, the formulae number of known clinically successful plus number of known exfoliated divided by total number of teeth minus teeth missing of unknown outcome. It seemed appropriate to use this method as there were few teeth of unknown outcome; such teeth were easily controlled for during analysis, and there was less than 10% difference between estimated maximum and minimum success rates.

The mean time between therapy and examination was 27 months, with the most recent therapy being performed three months prior to review and the longest case reviewed after 72 months.

At review, 114 teeth were present, and of the missing teeth, 29 were known to have exfoliated and 26 were known to have been extracted for a reason other than orthodontics. Fifteen of the pulpotomized primary molar teeth could not be positively accounted for as either having been extracted or naturally exfoliated. Eight of the pulpotomized teeth present at review were clinical-radiographically judged to have failed. Irrespective of the type of pulpotomy (ie., vital or non-vital), medicament used (eg. oxypara or formocresol), operator (ie. staff or student), sex, age at time of therapy, and the time since therapy, the overall estimated success of therapy was 79.8% with a maximum estimate of 81.5% and minimum estimate of 73.3%.

DENTAL ANXIETY - THE EFFECT OF PERSONALITY AND ENVIRONMENT. James Lucas.

(The summary of a paper presented at A.S.D.C. Meeting - Perth,  
May, 1982)

Dental anxiety is one of the most important reasons for people not seeking dental treatment. Unfortunately, in most studies dental anxiety is considered synonymous with the individuals behaviour and it is suggested that influences that increase dental anxiety should always produce anxious behaviour. This direct stimulus-response framework does not take into account the individuals ability to cope with their anxiety and control anxiety producing situations.

In this study 528 children in the first four years of primary school were interviewed to assess their dental anxiety and the personality variables, general anxiety and locus of control. Background information, obtained from parental questionnaires, was received from 81.3 percent of families. Of the initial sample 267 children were observed being treated by dental therapists at the school of dental therapy where behavioural estimates were made.

It could be concluded that:-

Firstly, reported dental anxiety was significantly associated with parental estimates of the child's dental anxiety; superficial reasons given by the child for the importance of their teeth; lower socio-economic status and a non-English background.

Secondly, clinical behaviour was significantly associated with specific social variables such as lower birth order; marital status of parent; and with the parent's estimate of the child's anxiety and forthcoming clinical behaviour.

Thirdly, the strength of these relationships was increased if sex differences were considered. Females reported greater dental anxiety and the relationships of all other significant variables were strengthened if only females were considered. Whereas, males have stronger relationships between significant variables associated with clinical behaviour.

Fourthly, the effect of personality variables is to affect the child's susceptibility to the dental environment. Highly anxious children are more susceptible to traumatic experiences and are more anxious as they get older. Similarly, children who exhibit an external locus of control, that is they consider they cannot control their environment and any outcome is under the influence of others, are more susceptible to traumatic experiences and become more anxious with age. The parents of children who have low general anxiety and an internal locus of control, can acknowledge their child's well developed coping skills and may act as a good indicator of their child's behaviour.

Therefore it must be considered that the relationships between dental anxiety and clinical behaviour may be modified by both environmental and personality variables.

The research was carried out in association with Dr. Nancy MacMurray and Dr. Clive Wright, Dept. of Psychology and Dept. of Conservative Dentistry, University of Melbourne.

FROM THE JOURNALS with John Burrow.

#### LIQUID MEDICINES CAN ROT SICK CHILDREN'S TEETH.

Many children suffering from a chronic disease such as asthma or epilepsy or cystic fibrosis, may suffer additional physical and psychological damage from dental caries caused by sugar in their medicines.

Chronically sick pre-school children taking a liquid medicine daily for 6 months or more were matched for age, diet toothbrushing and socio-economic status with chronically sick children who either did not receive medication or took medicines in tablet form. The liquid medicine group (44 children) had 168 carious surfaces and 15 teeth extracted, whereas the tablet group (47 children) had 65 carious tooth surfaces and no extracted teeth. The liquid medicine takers also had more bacterial plaque and gingival inflammation. The use of liquid medicines is therefore likely to add the problems of dental caries and gingivitis to those already posed by the chronic disorder being treated.

Doctors and parents should be made aware of the increased risk of dental caries from these medicines, and an attempt at reformulation must be made. (British Dental J. March 2/1982:174)

#### NURSING BOTTLE SYNDROME

This study was undertaken in Vancouver which is non-fluoridated city. Previous studies of the prevalence of nursing bottle syndrome carried out by Winter in Britain in 1971 and Currier in USA in 1977 both showed an incidence of 5% of the population; this study only showed an incidence of 3.2%. This may have been due to a bias in the sampling of the population, although it is possible that this finding is in keeping with the 50% reduction in the DMFS of school children recently observed in this region.

The aetiology of nursing bottle syndrome appears to be multifactorial. Some of factors which seem to be involved are

- 1) Educational status of parents
- 2) Prolonged daytime bottle or breast feeding
- 3) Night and nap time bottle or breast feeding
- 4) The age of eruption of incisors
- 5) Fluoride supplementation of the diet.

The key to the problem of nursing bottle syndrome is preventing it. As always, education is what is required. Perhaps what is required is a re-evaluation of the health-related professional school curriculums, particularly in the medical and nursing areas, to ensure that dentistry, and in particular preventive dentistry, is adequately taught.

(Canadian Dental J. June 1982. pp386)

#### EFFECTS OF SUPERVISED DAILY PLAQUE REMOVAL BY CHILDREN AFTER 3 YEARS.

This study attempts to evaluate the effects of plaque control when carried out as part of a school activity. A total of 111 children participated in the study for a three year period, and were aged 10 to 13 years at the beginning of the study.

The study group were given instructions at school on toothbrushing and flossing techniques at the beginning of the study, and were then asked to carry out brushing and flossing, with disclosing solutions being used, on each school day for the subsequent 3 school years. The daily plaque control programme was supervised and the dentrifice used contained no fluoride.

Dental examinations were carried out at intervals, the measurements being for plaque levels, gingivitis, and dental caries. Bitewing radiographs were also taken.

The results for plaque scores showed girls had a significant improvement of 28 per cent, whereas boys showed a small non-significant improvement. For gingivitis also, the girls showed a significant reduction of 40 per cent while the boys had a non-significant reduction. The dental caries data for both sexes is given together, and shows a slight reduction in D.M.F. surface scores for the children using the plaque control programme, but the results are not significant. All the caries reduction occurred on mesial or distal surfaces.

The authors report that this plaque control regime was found to be very boring by the children, and that the school staff became less co-operative as the study progressed. Costs were high, and the authors question the value of this school based regime.

(Horowitz A.M. et al. Community dent. Oral Epidemiol. 1980 8:171-176)